

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Division of Child Support Enforcement  
 Arizona State Disbursement Unit

**ELECTRONIC PAYMENT AUTHORIZATION**

<b>Check applicable box(s):</b> <input type="checkbox"/> <b>New Direct Deposit authorization</b> <input type="checkbox"/> <b>New Electronic Payment Card</b> <input type="checkbox"/> <b>STOP EPC and START Direct Deposit</b> <input type="checkbox"/> <b>STOP Direct Deposit and START EPC</b> <input type="checkbox"/> <b>Changes to bank account information ONLY</b>	For <b>REPLACEMENT CARDS</b>  CALL 1-866-802-7011
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***If you fail to provide all the information requested below, your request will not be processed and this form will be returned to you.***

<input type="checkbox"/> <b>IV-D Case</b> <input type="checkbox"/> <b>Non-IV-D Case</b> (If you receive or have received cash assistance in the past, and/or have applied for IV-D services or if you have an open case with DCSE, then your case is considered a IV-D case.) (All NON-DCSE IV-D cases where only the local court is involved)	ATLAS CASE NO. <input style="width:100%;" type="text"/>  NAME (Last, First, M.I.)                      CONTACT'S PHONE NO.                      CUSTODIAL PARENT'S DATE OF BIRTH (MM/DD/YYYY)                      SOC. SEC. NO.
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CURRENT MAILING ADDRESS (No., Street, City, State, ZIP)

I hereby authorize the Arizona State Disbursement Unit (SDU) or its agent designated to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my (our)  **Checking**  **Savings Account** indicated below, to credit and/or debit the same to such account for the purpose of support payments.

**DIRECT DEPOSIT ONLY**

***IMPORTANT! Please attach a copy of a voided check from your account or a letter from your financial institution if a check is not available.***

ABA BANK ROUTING NO./ACCOUNT NO.	FINANCIAL INSTITUTION'S NAME	1 <sup>st</sup> NAME ON ACCOUNT (Last, First, M.I.)	2 <sup>nd</sup> NAME ON ACCOUNT (Last, First, M.I.)
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All of your child support payments and, if applicable, spousal maintenance will go through direct deposit. They will be deposited into one account only, which can be a savings or checking account. If you wish funds to be deposited to your checking account, please **attach a personal check marked "VOID" and complete the following information.** If you wish funds to be deposited to your savings account, please provide a letter from your financial institution with your routing and account number. This authority is to remain in full force and effect until DCSE has received written notification from me of its termination in such time and in such manner as to afford DCSE a reasonable opportunity to act on the notice. This authority may also be terminated by DCSE or its agent by mailing notice to the last mailing address I provided to DCSE or its agent. I will keep the Arizona State Disbursement Unit or its agent informed of any address change that may occur. I understand that failure to do so will result in undelivered support payments.

PRINT YOUR NAME	YOUR SIGNATURE	DATE
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**RETURN SIGNED FORM TO:** ARIZONA STATE DISBURSEMENT UNIT (SDU)  
 Electronic Payment Authorization Unit  
 PO Box 36626  
 Phoenix, AZ 85067-6626

**“For questions regarding this form or this process, please contact Customer Service at 602-252-4045”**

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-252-4045; TTY/TDD Services: 7-1-1.